

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038136

STATE FILE NUMBER
9865

FILED OCT 23 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9865

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS 5320 Wells Ave. (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Clyde Edward Ramsey			4. DATE OF DEATH Month Day Year October 14, 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1905
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monette, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Avery Flat		13b. MOTHER'S MAIDEN NAME Annor Lee	
14. NAME OF HUSBAND OR WIFE Hazel Charlotte Ramsey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495 36 9782	17. INFORMANT Mrs. Hazel Charlotte Ramsey 5320 Wells Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days 5 years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>8-10-57</i> to <i>10-14-58</i> and last saw her alive on <i>10-14-58</i> Death occurred at <i>6:40 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl J. New Md.</i> (Degree or title)		22b. ADDRESS <i>1819 Kings Highway</i>	22c. DATE SIGNED <i>10-15-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE October 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Piggot, Arkansas
23d. LOCATION (City, town, or country) (State)			
24. FUNERAL DIRECTOR <i>Bowser Nichols</i> ADDRESS <i>1431 Union Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 15 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith md</i> <i>S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Stanley H. Rybow*
Licensed Embalmer No. *4193*
P. O. Address *H. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.